

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10606231
APPLICANT(S)

FILING DATE 06-25-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56	/					
57		/				
58		/				
59		/				
60	/					
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67	/					
68		/				
69		/				
70		/				
71		/				
72	/					
73		/				
74		/				
75		/				
76		/				
77		/				
78		/				
79	/					
80		/				
81		/				
82		/				
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	52					
TOTAL CLAIMS	60					